

# Mississippi University for Women Foundation

## Check Request Form

Date of Request: \_\_\_\_\_ Amount of Request: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Invoice # \_\_\_\_\_

Vendor Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Foundation Fund Name/Number: \_\_\_\_\_

**FOR FOUNDATION USE ONLY:**

Expense Account Number: \_\_\_\_\_

Fund Balance Account Number: \_\_\_\_\_

Mail to Address Above Campus Address: \_\_\_\_\_ Call Name/Ext \_\_\_\_\_

Description or Special \_\_\_\_\_

\_\_\_\_\_

Instructions: \_\_\_\_\_

\_\_\_\_\_

(Reference) \_\_\_\_\_

Check Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

VP Cabinet Approval (Staff): \_\_\_\_\_ Date: \_\_\_\_\_

Dean Approval (Faculty): \_\_\_\_\_ Date: \_\_\_\_\_

Provost Approval (Faculty): \_\_\_\_\_ Date: \_\_\_\_\_

Foundation Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Send Approved Form with Invoices or Receipts Attached to:

**MUW Foundation**  
P. O. Box W-1618, Columbus, MS 39701  
(Suite 200, 2nd Floor of Welty Hall)  
662-329-8550